

Neifeld Docket No: HESP0010U-US

Application/Patent No: 09/575,377

USPTO CONFIRMATION NO: 2330

File/Issue Date: 5/22/2000

Inventor/title: Hickman / High Throughput Functional Genomics

Examiner/ArtUnit: Marianne Allen / 1647

**37 CFR 1.7(c) FILING RECEIPT AND TRANSMITTAL LETTER WITH
AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT**

1. **THE COMMISSIONER IS HEREBY AUTHORIZED TO CHARGE ANY FEES
WHICH MAY BE REQUIRED, OR CREDIT ANY OVERPAYMENT, TO DEPOSIT
ACCOUNT NUMBER 50-2106.**

2. **FEES PAID HEREWITH BY EFS CREDIT CARD SUBMISSION:**

3. **THE FOLLOWING DOCUMENTS ARE SUBMITTED HEREWITH:**
Revocation of Power of Attorney with New Power of Attorney and Change of
Correspondence Address

4. **FOR INTERNAL NEIFELD IP LAW, PC USE ONLY**

USPTO CHARGES: CLIENT BILLING MATTER: BANK ACCOUNT/Check: 6/ G/L ACCOUNT: 5010	FIRM CHARGES: DESCRIPTION: FIRM CHARGE FOR LAWYER:
---	--

INITIALS OF PERSON WHO **ENTERED** ACCOUNTING DATA:

ATTORNEY SIGNATURE (AUTHORIZING DEPOSIT ACCOUNT)

DATE: 6/11/07 **SIGNATURE:** /RobertHahl#33,893/

Printed: June 11, 2007 (12:28pm)

C:\Documents and Settings\dsachs\My

Documents\EPSTransmittalAndAuthorizationToCharge..._HESP0010U-US_06-11-2007.wpd

PTO/SB/92 (01-05)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/575,377
Filing Date	5/22/2000
First Named Inventor	Hickman, Ph.D.
An Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	HESP0010U-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer

31518

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

31518

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.